

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34273** (5)

1. Corporation Name

OAK HILL VOLUNTEER FIRE DEPARTMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

213 N US 1
OAK HILL FL 32759
US

P.O. BOX 432
OAK HILL FL 32759
US

3. Date Incorporated or Qualified

09/18/1989

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

HAMMOND, KERRI
114 AZALEA AVE
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name **MOORE, CHRISTOPHER**

82 Street Address (P.O. Box Number is Not Acceptable)
111 WEST TURGOT AVE.

83

84 City **EDGEWATER** FL 85 Zip Code **32132**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Chris Moore**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **HAMMOND, KERRI**
STREET ADDRESS **114 AZALEA RD**
CITY - ST - ZIP **EDGEWATER FL**

TITLE **VD** ☐ DELETE
NAME **WOODARD, KRISTINE**
STREET ADDRESS **169 WEST LOOP**
CITY - ST - ZIP **OAK HILL FL**

TITLE **TD** ☒ DELETE
NAME **BALMER, CHRISTOPHER**
STREET ADDRESS **171 WILLIAM ST**
CITY - ST - ZIP **EDGEWATER FL**

TITLE **DP** ☒ DELETE
NAME **BITTLE, KATHY**
STREET ADDRESS **291 LAGOON AVE.**
CITY - ST - ZIP **OAK HILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☐ Change ☒ Addition
12 NAME **HAMMOND, ROBERT**
13 STREET ADDRESS **230 ADAMS ST.**
14 CITY - ST - ZIP **OAK HILL, FL. 32759**

21 TITLE **50** ☒ Change ☐ Addition
22 NAME **HAMMOND, KERRI**
23 STREET ADDRESS **230 ADAMS ST.**
24 CITY - ST - ZIP **OAK HILL, FL. 32759**

31 TITLE **TD** ☐ Change ☒ Addition
32 NAME **MOORE, CHRISTOPHER**
33 STREET ADDRESS **111 WEST TURGOT AVE.**
34 CITY - ST - ZIP **EDGEWATER, FL. 32132**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Chris Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)